

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050747

7078

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED JAN 17 1964

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
UNKNOWN

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
UNKNOWN

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **Odina** Middle **Davis** Last

4. DATE OF DEATH **December 25, 1963**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **7-5-1928**

9. AGE (last birthday) **35**
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER

10b. KIND OF BUSINESS OR INDUSTRY
MISC.

11. BIRTHPLACE (City and state or country)
Sumpter, California

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Ida James

14. NAME OF HUSBAND OR WIFE

Sarah Mae Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT **GEN. HOSP. RECORDS, K.C., Mo.**
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lanec's cirrhosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour ☐ Month, Day, Year ☐
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **12-9-63** to **12-25-63** and last saw her alive on **12-25-63**
Death occurred at **5:35 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. J. Smith** (Degree or title)

22b. ADDRESS **2400 Cherry**

22c. DATE SIGNED **12-27-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE **12-30-63**

23c. NAME OF CEMETERY OR CREMATORY **K.P. COLLEGE OSTEOPATHY**

23d. LOCATION (City, town, or county) **Kansas City, Mo.** (State)

24. FUNERAL DIRECTOR

ADDRESS

A.M. HENDERSON, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

12-30-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

0020141

0020141

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0-90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.